


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT -

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

4/1

04-27-2007 90032 018 \*\*\*\*50.00

<b>DOCUMENT # L06000080056</b>					
1. Entity Name <b>OPTIMUM TITLE, LLC</b>					
Principal Place of Business <b>5260 SR 64 EAST BRADENTON, FL 34208</b>			Mailing Address <b>3400 S. TAMiami TRAIL SARASOTA, FL 34239</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0596025</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIDDELL, JEFFERSON F 3400 S. TAMiami TRAIL SARASOTA, FL 34239</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small> DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIDDELL, JULIENNE E		NAME		
STREET ADDRESS	3400 S. TAMiami TRAIL		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34239		CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLACE, LELAND		NAME		
STREET ADDRESS	5260 SR 64 EAST		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL 34208		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JCMR VENTURES, LLC		NAME		
STREET ADDRESS	3400 S. TAMiami TRAIL		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34239		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCHAGGIS, LLC		NAME		
STREET ADDRESS	5260 SR 64 EAST		STREET ADDRESS		
CITY- ST- ZIP	BRADENTON, FL 34208		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u><i>Julienne E. Riddell</i></u> <u><i>Mgr. Apr. 24, 2007</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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941-366-1300